

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

05288

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

St. Mary's
Rural, Dameron

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Clara Biscoe

4. Sex

Female Black Widowed

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Nicholas Biscoe

7. Birth date of deceased (mo., day, yr.)

Aug. 15, 1856

6. (c) If alive, give age years

8. AGE:

Years Months Days It less than one day
90 9 28 hrs. min.

9. Birthplace

Bellair Green, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Alexander Young

MOTHER FATHER

Mary Ann

13. Birthplace

Henrietta Wills

14. Maiden name

Maryland

15. Birthplace

McKinley Biscoe

16. Informant

Dameron, Md.

Address

Burial

(Burial, cremation, or removal, Which?)

Date thereof, January 16, 47

(month) (day) (year)

Cemetery or crematory

St. Peter's Cemetery

Location

Ridge, Md.

E. L. Robinson

Funeral director

Dameron, Md.

Address

June 15 - 1947

(Date rec'd by registrar)

P. J. Beatty, M.D.

Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 13, 1947, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1940, to June 13, 1947

and that I last saw her alive on January 13, 1947

Immediate cause of death

Coronary sclerosis 5 years

Due to General arteriosclerosis 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

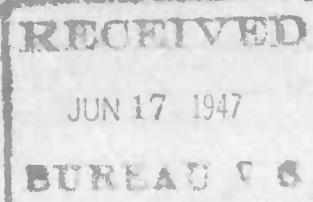
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE P. J. Beatty, M.D.

M. D. or other

Address Great Mills, Md. Date signed 6-15-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

05289

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Marys

City or town Park Hall, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alice B. Bryant

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female Colored married

6. (b) Name of husband George Bryant

6. (c) If alive, give age 87 years

7. Birth date of deceased (mo. day yr.) April 20, 1880

8. AGE: Years Months Days If less than one day

67 0 0 0 0 0

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Isaac Boiscoe

13. Birthplace Maryland

14. Maiden name Unknown

15. Birthplace Maryland

16. Informant Catherine Clifton

Address Baltimore, Md.

17. Burial Date thereof 6/24/47

(Burial, cremation, or removal. Which?)

Cemetery or crematory Glen Fair

Location Glen Mills, Md.

18. Funeral director J. L. Robinson

Address Dawson, Md.

19. (Date rec'd by registrar) 6/24/47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

St. Marys

City or town

Park Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 21 1947 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

when I last saw him alive on June 21st 1947

and that I last saw him alive on June 21st 1947

Immediate cause of death Coronary thrombosis DURATION

Due to age on arterial sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

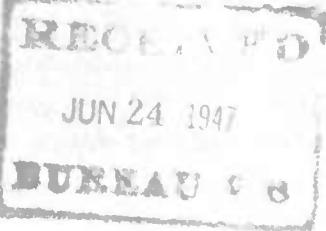
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Francis J. Greenwell, M.D. or other

Address 1003 Station St. date signed 6-23-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1600

05290

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County

St. Mary's

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Edward Day

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m. caucasian

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6-3-47

years

8. AGE:

Years

Months

Days

If less than one day

3 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Charles Edward Day

13. Birthplace

St. Mary's

14. Maiden name

Carolyn Evelyn Thomas

15. Birthplace

Hagerstown

16. Informant

Vivian E. Day

Address

Hagerstown

17. Burial, cremation, or removal, (which?)

Burial

Date thereof

(month) (day) (year)

6-3-47

Cemetery or crematory

Sacred Heart

Location

St. Mary's

18. Funeral director

Hargrave and Son

Address

Hagerstown

19. (Date rec'd by registrar)

3-19-47

M.V. Palmer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

St. Mary's

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-3

1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on 6-3-47 1947

Immediate cause of death

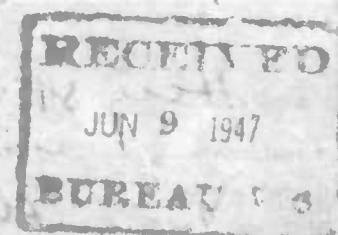
Disease and

Diagnose and

Treatment and

Duration

Cause of death



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

05291

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County

St. Mary's

City or town

Hermannville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

12 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Philip Briscoe Dyson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Fassville Dyson

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

65 years

7-16-1883

8. AGE:

Years Months Days If less than one day

63 10 18 hrs. min.

9. Birthplace

Great Mills, Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

Jeff Dyson

Maryland

Lucy Brown

Maryland

16. Informant

Howard Dyson

Address

Hermannville, Md.

17. Burial

Date thereof

6-7-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Holy Face Cemetery

Location

Great Mills, Md.

18. Funeral director

P. B. Robinson

Address

Leonardtown, Md.

19. Date rec'd by registrar

June 4, 1947

P. J. Beane, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Rural, Hermannville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1947, 21/11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4, 1947, to June 4, 1947,

and that I last saw him alive on June 4, 1947.

Immediate cause of death

Coronary Thrombosis 1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

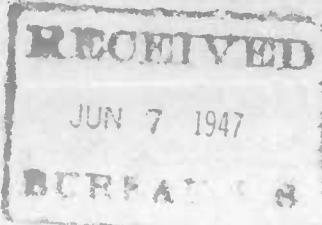
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE P. J. Beane, M.D. M. D. or other

Address Great Mills, Md. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 05292

1. PLACE OF DEATH

County

St. Marys
Laurel Grove Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 months

Hospital, institution, or street address where death occurred:

Mechanicsville Md

How long in hospital or institution?

3. (a) FULL NAME

Lida Landress

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widower

6. (b) Name of husband or wife

6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 9 - 18728. AGE: Years Months Days If less than one day
74 11 30 hrs. min.9. Birthplace: Jacksonville St. Marys Md
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

12. Name: Mc Kelvy B. Hammitt

13. Birthplace: St. Marys Co

14. Maiden name: Clacker Hammitt

15. Birthplace: St. Marys Co

16. Informant: Mrs. Luther Dean Sr

Address: Mechanicsville Md

17. Burial, cremation, or removal, Which? Rural Date thereof: June 10 1947
(month) (day) (year)

Cemetery or crematory: Joy Chapel

Location: Holly Woods Md

18. Funeral director: W. C. Wallingford Son

Address: Mechanicsville Md

19. (Date rec'd by registrar) 6/10 47 Caucasian

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore, Md

City or town: Laurel Grove
(If outside city or town limits, write RURAL and give nearest town)Street No.: Road near Laurel Grove
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1947 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive about 6 P.M. on June 8th 1947

Immediate cause of death: Embolism of heart acute

Due to: Myocarditis chronic

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

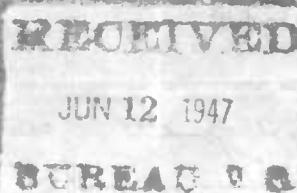
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Francis P. Greenwell M. D. or other

Address: Fernandina 6847 Date signed: 6/8/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05293

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County

St. Marys

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna May Graver Love

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife

B. B. Love Jr

7. Birth date of

deceased (mo., day, yr.)

March 4 1871

6. (c) If alive, give age

75

years

8. AGE:

Years Months Days If less than one day

76

3

8

hrs.

min.

9. Birthplace

Maryland St. Marys Md

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

12. Name

Louis Graver

13. Birthplace

St. Marys Co

14. Maiden name

Elizabeth Bonte

15. Birthplace

St. Marys Co

16. Informant

B. B. Love Jr

Address

Maryland St. Marys Md

17. Burial, cremation, or removal. Which?

Date thereof

June 14 1947

(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Maryland St. Marys Md

18. Funeral director

W. C. Mattingley Son

Address

Leonardtown Md

19. 6/13/1947

Clerk

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County St. Marys

City or town

Maryland St. Marys Md

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 12 1947

Sept. 6 1947 to June 12 1947

and that I last saw h alive on May 29 1947

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertension

6 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed June 13 1947

RECEIVED

JUN 16 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05294

CERTIFICATE OF DEATH

Reg. Dist. No.

286

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all have life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Max George Wason

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8-3-1916

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

30

10

7

hrs.

min.

9. Birthplace

Oatley, Ind

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

James Edward Wason

13. Birthplace

Oatley

14. Maiden name

Maxine Elizabeth Hill

15. Birthplace

Oatley, Ind

16. Informant

Margie Wason

Address

Oatley, Ind

17. Burial, cremation, or removal. Which?

Burial

Date thereof..... (month) (day) (year)

Cemetery or crematory

Second Haven

Location

Baltimore, Md

18. Funeral director

Margie Wason

Address

Oatley, Ind

19. (Date rec'd by registrar)

19. 117

(Date rec'd by registrar)

20. (Date signed)

21. (Date signed)

22. (Date signed)

23. (Date signed)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

St. Lawrence

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-10-1947, st 10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 6-10-1947

Immediate cause of death

Pneumonia

Tuberculosis

Heart attack

Hemorrhage

Fracture

Pneumonia

Cerebral hemorrhage

Due to

Hemorrhage

Fracture

Pneumonia

Cerebral hemorrhage

Due to

Hemorrhage

Fracture

Pneumonia

Cerebral hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

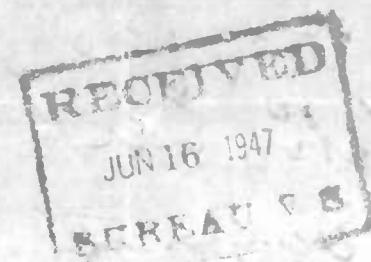
Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... M. D. or other.....

Address..... Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55d

05295

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Marys Leonardtown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nettie Culelia Mattingly

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife A. J. Mattingly

7. Birth date of deceased (mo. day, yr.) June 25 - 1884 68 years

8. AGE: Years Months Days If less than one day
62 11 19 hrs. min.

9. Birthplace Maryland St. Marys Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

12. Name James C. Wile

13. Birthplace St. Marys Co

14. Maiden name Margaret Medley

15. Birthplace St. Marys Co

16. Informant A. J. Mattingly

Address Leonardtown Md

17. Burial Date thereof June 13 1947 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Our Lady's Chapel

Location Medley's Neck Md

18. Funeral director W. C. Mattingly Son

Address Leonardtown Md

Date 13 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Leonardtown (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 - 1947 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11, 1947, to June 12, 1947, and that I last saw h. 12 alive on June 11, 1947.

Immediate cause of death

Left Testiminated bones of nose

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Leonardtown Md Date signed 6-13-47

RECEIVED

JUN 16 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05296

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Mary's

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

3. (a) FULL NAME

Maurice C. Mc May

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept. 15 1874

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

73

hrs.

min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

11. Industry or business

12. Name

Mother FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date fee'd by registrar)

19

4608

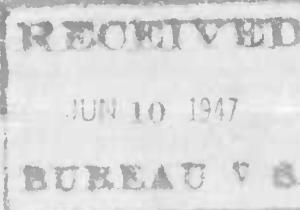
47

Cannons

Leonardtown

47

Cannons



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05297

466

281

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

St. Marys
Leonardtown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 weeks

Hospital, Institution, or street address where death occurred:

Leonardtown, Maryland

How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

St. Marys

County

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Rd. 30 # 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

George Henry Payne

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White married

6.(b) Name of husband or wife Catharine M. Payne

7. Birth date of deceased (mo., day, yr.) Dec 21 - 1868

6.(c) If alive, give age 64 years

8. AGE: Years Months Days if less than one day

78 6 8 hrs. min.

9. Birthplace St. Marys, Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Payne

13. Birthplace St. Marys Co

14. Maiden name Martha B. Payne

15. Birthplace St. Marys Co

16. Informant Joseph L. Payne

Address Drayden Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof July 1, 1947

(month) (day) (year)

Cemetery or crematory St. George Cemetery

Location Valley Lee Maryland

18. Funeral director W. P. Matheny Son

Address Leonardtown, Md.

19. (Date rec'd by registrar) June 30 - 1947

O. B. Beams, M.D.
of Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1947 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1947 to June 29 1947 and that I last saw him alive on June 29 1947

Immediate cause of death

Carcinoma of Stomach

DURATION

Due to

Due to

Other conditions Intestinal obstruction

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Lexington Park Md. Date signed 6-29-47

RECEIVED

JUL 5 1947

BUREAU 5 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

05298

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

3. (a) FULL NAME

Margaret L. Baley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age

years

8. AGE:

Years

Month

Day

If less than one day

84

hrs.

min.

9. Birthplace

Maryland

(Town, County, and state)

10. Usual occupation

nurse

11. Industry or business

William Goodwin

12. Name

Maryland

13. Birthplace

Elizabeth Cecil

14. Maiden name

Maryland

15. Birthplace

Robert W. Baley

16. Informant

Mechanicsville, Md.

Address

17. Burial

Bunrial

Date thereof
(month) (day) (year)

Cemetery or crematory

St. John's

Location

Hollywood Md.

18. Funeral director

P. B. Robinson

Address

Leonardtown, Md.

19. (Date rec'd by registrar)

6/8 1947

Cincinnati

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town Belvoir (Charlotte Hall)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1947 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on June 6 1947.

Immediate cause of death

Pneumia

Due to

Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

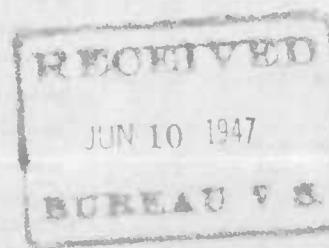
Robert J. Fuchs M.D.

M. D. or other

Address

Leonardtown, Md.

Date signed 6/6/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05299

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Marys
Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ida Lavinia Reintzell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife

Lewis W. Reintzell

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Feb 16 - 1877

8. AGE:

Years

Months

Days

If less than one day

70

4

2

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

James A. Pitterson

12. Name

St. Marys Co

MOTHER FATHER

13. Birthplace

St. Marys Co

MOTHER FATHER

14. Maiden name

Mary Ann Truadell

MOTHER FATHER

15. Birthplace

St. Marys Co

MOTHER FATHER

16. Informant

Mrs. Reginald A. Johnson

MOTHER FATHER

Address

Hughesville Md

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Joseph Cemetery

Location

Moorsala Md

18. Funeral director

W. B. Mattison & Sons

Address

Leonardtown Md

19. (Date rec'd by registrar)

6/19 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Mechanicsville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1947 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 16 1947 to June 18 1947

and that I last saw her alive on June 16 1947

Immediate cause of death

Cardiac Failure (Coronary Thrombosis)

Due to Cardio-Hepato-Renal Disease

Anemia

Due to Carcinoma of Right Lung

Other conditions Non-toxic Goiter

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

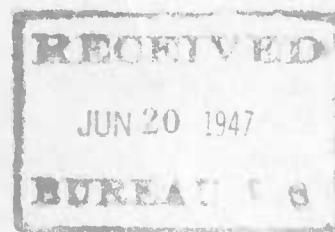
Injured at work?

23. SIGNATURE Francis J. Cilley, M.D.

M.D. or other

Address Hughesville Md Date signed 6-18-47

ARTICLE IN
RAE CONTEST



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

05300

Reg. Dist. No. 281

M
The correct age
is especially important.

MARGIN RESERVED FOR BINDING

I
9-45-15N

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and clearly.

1. PLACE OF DEATH:

County St. Mary's
City or town Rural Scotland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Infant Ridgell
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 10 1947 6. (c) If alive, give age years8. AGE: Years Months Days If less than one day 1 hrs. 30 min.9. Birthplace Scotland Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Tessison Ridgell13. Birthplace Scotland Md.14. Maiden name Olive Cooper15. Birthplace Valley Lee Md.16. Informant Mrs. Tessison RidgellAddress Scotland Md.17. Burial Burial Date thereof June, 11-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Michaels CemeteryLocation Ridge Md.18. Funeral director Tessison RidgellAddress Scotland Md.19. June 10 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Rural Scotland
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1947 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1947 to June 10 1947 and that I last saw him alive on June 10 1947

Immediate cause of death

Premature birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

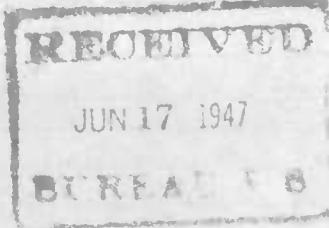
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. J. Beary, M.D.
M. D. or otherAddress Great Mills Md. Date signed 6-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05301

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

49 years

Hospital, institution, or street address where death occurred

Valley Lee Maryland

How long in hospital or institution?

3. (a) FULL NAME

Joseph Russell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

8. (b) Name of husband or wife

Mary J Russell

7. Birth date of deceased (mo., day, yr.)

Feb 21 - 1869

8. AGE:

Years	Months	Days	It less than one day
78	4	8	hrs. min.

9. Birthplace

Milestown St. Marys Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

William Russell

MOTHER FATHER

William Russell

13. Birthplace

St. Marys Co

14. Maiden name

Ann Gellion

15. Birthplace

St. Marys Co

16. Informant

Mrs Mary J Russell

Address

Valley Lee Maryland

17. Burial

Cremation

Date thereof July 1 1947

(month) (day) (year)

Cemetery or crematory

St. Georges Cemetery

Location

Valley Lee Maryland

18. Funeral director

W C Mattingly Sons

Address

Leonardtown Maryland

19. Date rec'd by registrar

6-30-1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Valley Lee

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 29 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1947 to June 29 1947

and that I last saw him alive on June 29 1947

Immediate cause of death

Coronary sclerosis

Due to

General arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

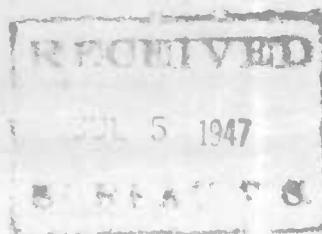
Injured at work?

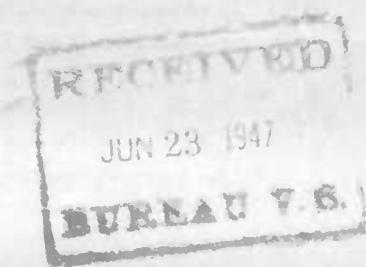
23. SIGNATURE

P. G. Bean, M.D.

M. D. or other

Address Great Mills Md Date signed 6-30-47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

173

053413

CERTIFICATE OF DEATH

Reg. Dist. No. 280

1. PLACE OF DEATH:
County... St. Mary's
City or town... Patuxent River
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr 7 months
Hospital, institution, or street address where death occurred: U. S. Naval Air Station
How long in hospital or institution? Dead upon arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Texas County...
City or town... Phillips
(If outside city or town limits, write RURAL and give nearest town)
Street No... Box 555
(If rural, give LOCATION)
2.(a) If veteran, name war... World War II

3. (a) FULL NAME

DONALD EUGENE UMPHRES

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.) 7-1-21

6. (c) If alive, give age --- years

8. AGE: Years	Months	Days	If less than one day
25	11	3	hrs. min.

9. Birthplace Oklahoma
(Town, county, and state)

10. Usual occupation Lieutenant

11. Industry or business U. S. Navy

12. Name Luther C. Umphres

13. Birthplace Bury Co. Mo.

14. Maiden name Nellie Mae Martin

15. Birthplace Naveta Co. Okla.

16. Informant Official Navy Records

Address US NAS Patuxent River, Md.

17. Removal Date thereof... 6-9-47
(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location Amarillo, Texas

18. Funeral director P.B. Robinson Funeral Home

Address Leonardtown, Maryland

19. 6/9/47 47
(Date record by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 June 1947 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on to

Immediate cause of death Injuries, multiple, extreme

Due to Aircraft accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results None held

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of 6-4-47

Where did injury occur? US NAS Patuxent River, Maryland

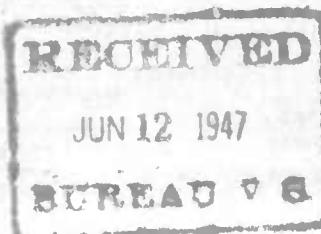
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Aircraft accident

Means of injury Gulliver
Injured at work? Yes

23. SIGNATURE PAUL VAUGHAN CAPTAIN MC USN
Dispensary M. D. or other

Address US NAS Patuxent River, Md. Date signed 6-4-47



PLEASE WRITE PLAINLY, ~~WITH~~ UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

05304

CERTIFICATE OF DEATH

Reg. Dist. No. *101*

1. PLACE OF DEATH

County

City or town

*St. Mary's
Leonardtown Md*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *3 months*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rose Elizabeth Wallace

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widow

a. G. Wallace

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug 12-1873

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9.

Birthplace

St. Mary's Co

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

alicy Redman

12. Name

St. Mary's Co

13. Birthplace

Mary Redman

14. Maiden name

St. Mary's Co

15. Birthplace

Louis Wallace

16. Informant

Louis Wallace

Address

Leonardtown Md

17.

(Burial, cremation, or removal, Which?)

Date thereof *June 21, 1947*

(month) (day) (year)

Cemetery or crematory

St. John's Cemetery

Location

Holley Wood Md

18. Funeral director

W. C. Matheny & Sons

Address

Leonardtown Md

19.

(Date rec'd by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*

County

City or town *Holley Wood*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *1740 FF*

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 19, 1947*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18, 1947 to *June 19, 1947*and that I last saw her *alive* on *June 18, 1947*Immediate cause of death *Anemia*

DURATION

Due to *Fracture of stomach & intestines*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis F. Russell

M. D. or other

Address *Leonardtown Md*Date signed *6-19-47*

